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After hearing from constituents at his seniors health care forums, Bass takes concerns directly to Centers for Medicare & Medicaid Services

November 29, 2011

WASHINGTON – Citing tremendous feedback from frustrated constituents, Congressman Charles F. Bass (NH-02) today asked the Centers for Medicare & Medicaid Services (CMS) to clarify why the top Medicare Advantage plans in Hillsborough, Rockingham, and Carroll Counties are being discontinued after this year, leaving over 6,000 enrollees with fewer options for health care coverage.

In addition to numerous constituent phone calls and letters, Bass heard directly from constituents at seniors health care forums he hosted in Hudson and Littleton yesterday about their frustrations with the discontinuation of the top two Medicare Advantage plans in three counties. Over 6,000 Medicare Advantage enrollees must now choose to either enroll in the original Medicare program or the last remaining Medicare Advantage plan, which does not allow most of the beneficiaries to continue seeing their current health care providers.

Bass said:

"After hearing from constituents, I am very concerned that there has been a lack of information or explanation as to why the top Medicare Advantage plans in the three counties with the greatest number of enrollees are being discontinued.

"It's troubling that we're in this position in the first place because of regulations and legislation enacted under Democratic Leadership in 2008 and 2010 that threaten to cut benefits, increase cost-sharing, or increase premiums for beneficiaries. These cuts and regulations will affect providers' decisions to offer benefits in New Hampshire and across the nation.

"Seniors in New Hampshire deserve answers about why these plans were discontinued and why there has been conflicting information given out. I appreciate the insights that constituents have shared with me and I will continue to work on getting them answers."

The text of Bass' letter to CMS Administrator Donald Berwick follows:

November 29, 2011

Dear Administrator Berwick:

I am writing you today with serious concerns over recent issues with the Medicare Advantage (MA) program in three counties in New Hampshire and ask that you answer a few important and pressing questions.

Over the past few weeks, I have heard from seniors in my district who are confused over the

notices they received informing them that their Medicare Advantage plans are being discontinued after this year. Plans in our state's three largest counties – Rockingham, Carroll, and Hillsborough – will be discontinued, dropping 6,738 enrollees with little explanation as to why. New Hampshire has one of the highest percentages of MA enrollees in New England, a percentage which has steadily increased over the past five years. Although these changes do not appear to be isolated to New Hampshire, in such a small state with a steadily rising senior population, the effects of these changes are having a significant impact.

Recently, I held forums for seniors in my district with representatives from the various state agencies and health groups to help answer questions during the Medicare open enrollment period. In addition, a regional representative from CMS was present and I was very appreciative of their help and expertise. Throughout each session, however, the constant theme was confusion as to why, without warning or preparation, their MA plans were discontinued. Individuals who rely on these plans for affordable and personalized care are now forced to find costly alternatives to receive the same type of coverage that their MA plan afforded them. I am aware that there is one HMO Medicare Advantage option left in these counties, but it does not allow most of the beneficiaries to continue seeing their current health care providers.

Among other things, the greatest frustration that enrollees have results from the abundance of conflicting information they receive from both the providers and CMS when they attempt to obtain answers. I know you share my desire to provide these seniors with clear and factual information.

At the root of the problem appears to be one constant: the impact of legislation passed in 2008 and 2010. The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and the Patient Protection and Affordable Care Act (PPACA) contain provisions that restrict insurance providers' private fee-for-service contracts with hospitals as well as impose massive funding cuts to the MA program. Provisions established in MIPPA appear to be forcing providers to eliminate their services in certain markets, whereas pending funding cuts and provisions within the new health care law will make it impossible for providers to continue administering their MA plans and remain solvent.

With the Medicare Open Enrollment Season coming to a close next week, I request immediate answers to the following questions:

- Why are specific counties in New Hampshire losing their Medicare Advantage plan options? Please be specific.
- How much of this is a result from provisions in MIPPA and how much results from pending PPACA regulations?
- What can individuals who were previously enrolled in a MA plan do now to retain their same level of coverage?
- Why is the number of Medicare Advantage plans offered so low in New Hampshire? We have one of the highest percentages of MA enrollees in New England; however, we have only three

MA providers. When contrasted with Massachusetts, which has nine MA providers, there seems to be an inequity of service. Is this a CMS or an MA plan business decision? Please elaborate.

- According to MA providers, when they applied to expand their network-based plans into these three counties to continue serving these beneficiaries in 2012, they were denied by CMS. Why were these expansions denied?

I appreciate your prompt and thorough responses to these questions. Thank you.

Sincerely,

Charles F. Bass
Member of Congress

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